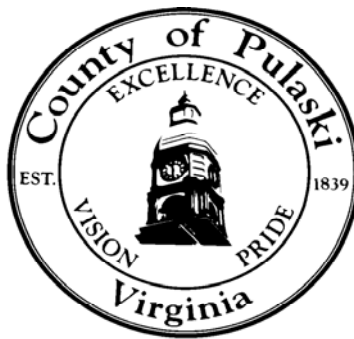


**Information Technology**

52 West Main St., Suite 350  
Pulaski, VA 24301  
540-980-7718  
540-980-4013 (Fax)



*Pulaski County  
In Virginia's New River Valley*

## Pulaski County GIS Information Service Subscription Application

The approval of this application is at the discretion of the Administrative Staff of Pulaski County. By signing this application the Subscriber acknowledges and accepts the terms and conditions of the Subscriber Agreement for Internet Access to Pulaski County GIS Information Service as incorporated by reference herein. The fee for this service is \$250.00 paid annually.

<b>Applicant Name:</b>					
<b>Business Name:</b>					
<b>Physical Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Telephone No.:</b>			<b>Facsimile No.:</b>		
<b>Email Address:</b>			<b>United States Citizen:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Signature: \_\_\_\_\_

I certify that the information above is true and correct.

I, \_\_\_\_\_ a Notary Public, do hereby certify that on this \_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me and swore  
and acknowledged to me that the statements contained therein are true and correct.

Notary Public, County of \_\_\_\_\_  
Name, Typed or Printed: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
Notary Phone Number: \_\_\_\_\_

INTERNAL USE

<b>SUBSCRIBER ID:</b>	_____
<b>PASSWORD:</b>	_____
<b>EXPIRATION DATE:</b>	_____

**RETURN WITH PAYMENT TO:**

Pulaski County  
Information Technology Department  
52 West Main St., Suite 350  
Pulaski, VA 24301

**Make Checks Payable to:**  
Pulaski County Treasurer